

Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*.

Sir,
I wish to answer the letter in the *British Medical Journal*, 1976, 4, 883 and the letter in *British Journal of Venereal Diseases*, 1976, 52, 355.

The specialty was built upon a major clinical disease of outstanding biological interest and to a lesser extent upon a bacterial infection at a time when these were serious problems. Like other infectious diseases, syphilis has declined in numbers and like other specialties devoted to infectious disease we must reflect upon the situation.

Previously the specialty had a broad outlook and if we turn to the reports of meetings of the Medical Society for the Study of Venereal Diseases in its early years, it can be seen that eminent physicians and surgeons were speakers—for example, Sir Thomas Horder (Lord Horder) (vol. 2, 117). In the opening address (vol. 1, 5) Sir Humphrey Rolleston, PRCP, said: 'The study of venereal diseases has passed through various stages . . .'; first he observed that the subject was taboo; then that it was a surgical interest mainly of urologists, then dermatologists moved in with their interest in syphilis. 'It is clear', he said, 'that the study of venereal disease is not a subordinate subsection of medical science and practice, and indeed any attempt in this direction would endanger its full development and inevitably lead to a narrow view'; yet the President of the Royal College of Physicians observed that only some degree of specialisation would allow full scope to a specialty that must take the whole man for its study and be a part of general medicine itself.

The decline in numbers of all infectious diseases as clinical problems has meant a revaluation for those interested in these conditions. The decline in serious clinical problems is also reflected in narrowly viewed venereal diseases, but not in genital and urinary infections and disorders as a whole. This problem must be seriously appraised. The situation may be compared with infectious disease. Those with special interest in tuberculosis, for example, are now chest physicians, just as those with a

special interest in the clinical and biological aspects of syphilis have to be genitourinary physicians. The analogy is significant and important.

The need for a clinical specialty in genitourinary medicine to include all relevant infectious disease, is apparent for several reasons: to develop patient care in response to their needs; to recruit physicians of the necessary high quality into this area of special-interest medicine; to gain proper perspective of the sexual background to many genitourinary disorders in medicine as a whole. The limited field of venereology will not attract sufficient consultants of good quality. There is even now a decline in the number and quality of those attracted to the 'limited' specialty.

In his clinical practice the genitourinary physician manages infective and non-infective conditions and, apart from operative and oncological work, there is little difference between the conditions managed by him and by his colleagues in urology and gynaecology. The genitourinary physician must also collaborate closely with the epidemiologist. However one problem in this relationship is that epidemiologists, like some community physicians and non-specialist practitioners, take a simple view of conditions. It is important for the genitourinary physician to maintain the viewpoint of a hospital outpatients consultant physician with a wide clinical acumen and rigorous clinical methods.

If a journal purporting to serve such a broad clinical specialty wishes to do so, should it not have a suitable title? *The British Journal of Venereal Diseases* shows little concern with clinical subjects today, and attracts, it seems, fewer and fewer papers that would stand comparison with the urological and gynaecological journals. Why is this? Compare the 1976 index with that of 1926. In 1926 the contents could be said to have a wide interest among the profession, judging from the titles and from the speakers at the Society's meetings. How does the 1976 volume of the *BJVD* compare with a volume of a journal of gynaecology or of urology, or a volume of the *Journal of Infectious Diseases*? This needs reflecting upon.

Perhaps few people read any journal

thoroughly today, but the *BJVD* is opened by only a narrow coterie. Yet there is a comparatively large clinical expertise that needs recording as do the pathology, microbiology, and natural history of many disorders starting or localised in the genitourinary region, let alone those insights into ocular and rheumatic disorders. This knowledge will, inevitably, be lost to later generations unless a powerful and clinical specialty with a journal devoted to clinical medicine succeeds in becoming established.

There are changes occurring in many fields, not least in medicine. The future of the specialty and the journal now known as the *British Journal of Venereal Diseases* must measure up to these changes to survive and to make important contributions. For this to be done, the title must reflect its wide interests; and the Editorial Board must comprise interested parties—such as, a general physician, urologist, gynaecologist, immunologist, microbiologist, and serologist.

Those who wish to be infectious disease experts and epidemiologists only should be so; those who can serve the greater needs of broader medicine in the clinical specialty should try to do so.

Yours faithfully,
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Changes in the susceptibility of the golden hamster to cutaneous treponemal infection after transfer of lymphoid cells from infected donors*

TO THE EDITOR, *British Journal of Venereal Diseases*

Sir,
There is continuing disagreement about the respective role of humoral and cellular immunity in treponemal infections (Morton and Harris, 1975). We have therefore studied the effect of transferring

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